

# Meaningful Use Registration for Syndromic Surveillance

Health & Human Services Agency, Public Health Services, County of San Diego

Please complete this form and return to the Epidemiology & Immunization Services Branch (EISB) via fax (858-715-6458) or email ([Jeffrey.Johnson@sdcounty.ca.gov](mailto:Jeffrey.Johnson@sdcounty.ca.gov)). Upon receipt of the completed and signed form, EISB staff will contact you to discuss next steps and provide the appropriate Meaningful Use Specifications. For questions regarding Meaningful Use testing to the County of San Diego Public Health Services, please contact the Jeffrey Johnson at 619-692-8499.

## Please complete:

Organization:	Date:	10 digit National Provider Identifier*:
Administrative/MU Contact Name:	Phone:	Email:
Alternate Administrative/MU Contact Name:	Phone:	Email:
Information System Contact Name:	Phone:	Email:
Main Contact for M.U. Activities (if different):	Phone:	Email:
Type of Patient Setting (i.e. outpatient, hospital, etc):	Type of Visits (i.e. prescheduled appt, emergency, etc):	
Percent of Prescheduled Visits (up to 72 hrs prior):	Percent of Walk-in Visits for Acute Illness:	
Street Address:	Mailing Address (if different than street):	
City:	State:	Zip:
Meaningful Use Attestation Planned Start Date:	Primary Attestation (Medicare or Medicaid):	
Number of Eligible Professionals (see CMS for definition):	Number of Physicians on staff:	
Number of Patient Visits Per Year (estimated):	Electronic Health Record (EHR) System:	
EHR Vendor Contact:	Phone:	Email:
Comments/Questions:		

\*10 digit National Provider Identifier (NPI) for the physical location of the hospital/clinic: <https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>

For purposes of Syndromic Surveillance Meaningful Use Testing, only test data should be sent. Real or "Live" data should not be sent in the test message for Stage 1 Meaningful Use.

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Name and Title (Printed)

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Signature & Date